PTO/SB/21 (09-04)
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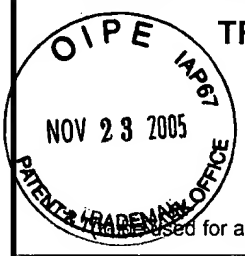

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	85

Application Number	09/782,594
Filing Date	February 12, 2001
First Named Inventor	Bianchi, John R., et al.
Art Unit	3738
Examiner Name	Paul B. Prebilic
Attorney Docket Number	RTI 112R/1915-13980US02

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
  - ☐ Fee Attached
- ☐ Amendment/Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☒ Request For Continued Examination (RCE) Under 37 CFR § 1.114, with Exhibits D-G attached
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/ Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD Number of CD(s) _____
  - ☐ Landscape Table on CD
- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (*Appeal Notice, Brief, Reply Brief*)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Return-Receipt Postcard
- ☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	Donald J. Pochopien
Printed Name	Donald J. Pochopien, Reg. No. 321,67
Date	November 21, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 11/21/2005

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature	Donald J. Pochopien	Date	11/21/2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

OIPE NOV 23 2005 PATENT & TRADEMARK OFFICE

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 790.00

Complete if Known	
Application Number	09/782,594
Filing Date	February 12, 2001
First Named Inventor	Bianchi, John R., et al.
Examiner Name	Paul B. Prebilic
Art Unit	3738
Attorney Docket No.	RTI 112R/1915-13980US02

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee($)**	**Fee($)**	**Small Entity Fee($)**	**Fee($)**	**Small Entity Fee($)**	**Fees Paid($)**
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	**Fee($)**	**Small Entity Fee($)**
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims		**Extra Claims**	**Fee($)**		**Fee Paid ($)**
	-20 or HP		x	=	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		**Extra Claims**	**Fee($)**		**Fee Paid ($)**
	-3 or HP		x	=	

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	
Fee	**Fee Paid ($)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		**Extra Sheets**		**Number of each additional 50 or fraction thereof**	**Fee($)**		**Fee Paid($)**
	-100		/50	_____ (round up to a whole number)	x	=	

4. OTHER FEE(S)

	Fee Paid($)
Non-English Specification, $130 fee (no small entity discount)	
Other: Request For Continued Examination Under 37 CFR 1.114	790.00

SUBMITTED BY

Signature	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	**Donald J. Pochopien**			Date	November 21, 2005